## CONNECTICUT SPEECH-LANGUAGE-HEARING ASSOCIATION, INC.

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January 24, 2011

RE: Senate Bill 20, An Act Expanding Health Insurance Coverage for Hearing Aids.

To Senator Crisco, Representative Megna and members of the Insurance and Real Estate Committee

My name is Mallory Buckingham. I am a Speech Language Pathologist and the Vice President for Government Affairs for the CT Speech Language and Hearing Association (CSHA).

CSHA strongly supports Senate Bill 20, designed to require insurance companies to cover a portion of the cost of hearing aids for adults 55 and older We were happy to see the limit of age 64 removed because Medicare does not cover any part of the cost of hearing aids.

The number of Americans with a hearing loss has evidently doubled during the past 30 years. Currently, hearing impairment affects 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 and older. Yet only 1 out of every 5 people who could benefit from a hearing aid actually wears one.

80 percent of those diagnosed with hearing loss no not seek help. The reason is usually denial, lack of awareness ore embarrassment (American Speech-Language Hearing Association (ASHA). Some have estimated 30% can afford hearing aids (Self Help for the Hard of Hearing Facts on Hearing Loss in Children, 2005). Given these statistics, let's not deny CT citizens who want to aid their hearing and do seek help for their hearing loss.

Would the committee consider lowering the age for benefit to down to 45 from 55 years of age? The data suggested 18% of those 45 to 64 years of age have some degree of hearing loss.

CSHA has been supporting hearing aid legislation for at least 12 years. In researching this topic, I found correspondence from 1999 in which CSHA was a member of a coalition with the American School for the Deaf and others, testifying in support of hearing aid legislation. Back then the argument was that health insurance would pay for costly cochelar implant surgery, but not cover a hearing aid. Since then, the legislative efforts of CT's hearing loss community has only achieved hearing benefits for children ages 12 and under.

Given this long legislative history, we believe SB 20 would be much stronger if you included the language on children's coverage from SB 17, An Act Concerning Wellness Programs and Expansion of Health Insurance Coverage. Here, the authors expanded the coverage of hearing aids to include children up to 18 years of age. This extension will have significant benefits for CT's school aged children with hearing loss because children who are hard of hearing will find it much more difficult than children who have normal hearing to learn vocabulary, grammar, word order, idiomatic expressions, and other aspects of verbal communication. But with this economic tsunami upon us, it's most important to make decisions based on the economic impact those decisions have. Hearing aid

coverage will increase costs for health insurance companies, but remember that <u>not treating hearing loss is extremely expensive</u>. Special education for a child with hearing loss costs schools an additional \$420,000, and has a lifetime cost of approximately \$1 million per individual. (Self Help for the Hard of Hearing Facts on Hearing Loss in Children). The impact of untreated hearing loss is quantified to be in excess of \$100 billion annually. At a 15% tax bracket, the cost to society could be well in excess of \$18 billion annually, due to unrealized taxes. (Better Hearing Institute survey, "Impact of Untreated Hearing Loss on Household Income, August 2005)

It is estimated that 13 of every 100 school children have some degree of hearing loss (American Speech-Language-Hearing Association). And recent research has found 1 in 5 teenagers has a significant hearing loss. If insurance does not cover the cost of hearing aids for students up to 18, it places an unfair burden on our public schools, which are mandated to provide access to education to these students with hearing loss. The public schools are already overburdened with paying for the costs of special education and unfunded mandates.

CSHA plans to submit similar testimony for the public hearing for SB 17.

Thank you for bringing attention for the need for hearing aid legislation. We appreciate the opportunity to support SB 20 offer two suggestions for your consideration to improve health insurance coverage; adding the child language from SB 17 to this bill, SB 20, and lowering the adult age for benefit to 45 and older. 2011 could be the year that the legislature improves access to hearing aids for children and adults with hearing loss, which on the whole would be a cost saving measure in these dire economic times. CSHA would be happy to answer any questions or provide additional information.

Sincerely,

Mallory Buckingham, MS, CCC/SLP VP for Gov. Affairs, CSHA (H) 860-343-8498 (W) 203-514-3216

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# Hearing Fact Sheet

### **Quick Statistics Adults**

## http://www.nidcd.nih.gov/health/statistics/quick.htm

Approximately 17 percent (36 million) of American adults report some degree of hearing loss.

The NIDCD estimates that approximately 15 percent (26 million) of Americans between the ages of 20 and 69 have high frequency hearing loss due to exposure to loud sounds or noise at work or in leisure activities.

There is a strong relationship between age and reported hearing loss: 18 percent of American adults 45-64 years old, 30 percent of adults 65-74 years old, and 47 percent of adults 75 years old or older have a hearing impairment.

Only 1 out of 5 people who could benefit from a hearing aid actually wears one.

Hearing loss is often left untreated: 80 percent of those diagnosed with hearing loss do not seek help. The reason is usually denial, lack of awareness or embarrassment. (American Speech-Language-Hearing Association)

http://www.asha.org/public/hearing/Prevalence-and-Incidence-of-Hearing-Loss-in-Adults/

The number of Americans with a hearing loss has evidentially doubled during the past 30 years. Data gleaned from Federal surveys illustrate the following trend of prevalence for individuals aged three years or older: 13.2 million (1971), 14.2 million (1977), 20.3 million (1991), and 24.2 million (1993) (2, 3). An independent researcher estimates that 28.6 million Americans had an auditory disorder in 2000 (4). This estimate is reasonably well within projections from the 1971-1993 trend line that evolved from Federal surveys (5).

#### **Quick Stats Children**

#### http://www.asha.org/public/hearing/disorders/children.htm

According to Blanchfield, et. al., as many as 738,000 individuals in the U.S. have severe to profound hearing loss. Of these, almost 8% are under the age of 18 (10).

Children who are hard of hearing will find it much more difficult than children who have normal hearing to learn vocabulary, grammar, word order, idiomatic expressions, and other aspects of verbal communication (5).

The number of children with disabilities, ages 6-21, served in the public schools under the Individuals with Disabilities Education Act (IDEA) Part B in the 2000-01 school year was 5,775,722 (in the 50 states, D.C., and P.R.). Of these children, 70,767 (1.2%) received services for hearing. However, the number of children with hearing loss and deafness is undoubtedly higher, since many of these students may have other disabilities as well (6). Data by disability are not reported by the Department of Education for ages birth to 5 years.

# http://www.hearingconnection.org/hearing\_loss\_statistics.html

Childhood hearing Loss is a common problem within our schools: 13 of every 100 school children have some degree of hearing loss (American Speech-Language-Hearing Association).

Hearing Loss costs money: When children are not identified and do not receive early intervention, special education for a child with hearing loss costs schools an additional \$420,000, and has a lifetime cost of approximately \$1 million per individual. (Self Help for the Hard of Hearing Facts on Hearing Loss in Children).

.... And More Money: The impact of untreated hearing loss is quantified to be in excess of \$100 billion annually. At a 15% tax bracket, the cost to society could be well in excess of \$18 billion annually, due to unrealized taxes. (Better Hearing Institute survey, "Impact of Untreated Hearing Loss on Household Income, August 2005).

## http://www.livescience.com/health/hearing-loss-teens-increases-100817.html

There has been a very significant rise in hearing loss in teenagers over the last 20 years. 1 in 5 teenagers has a significant hearing loss. If insurance does not help cover the cost of hearing aids for students 13-18, it places an unfair burden on our public schools which are mandated to provide access to education to these students with hearing loss. The public schools are already overburdened with paying for the costs of special education and unfunded mandates.

### References

National Institute on Deafness and Other Communication Disorders. (2003, June 25). Strategic plan: Plain language version FY 2003-2005.

Blanchfield, B.B., et. al. (2001). The severely to profoundly hearing-impaired population in the United States: Prevalence estimates and demographics. Journal of the American Academy of Audiology, 12, 183-189.

Ries, P.W. (1994). Prevalence and characteristics of persons with hearing trouble: United States, 1990-91. National Center for Health Statistics. Vital Health Stat 10(188).

Benson, V., & Marano, M.A. (1995). Current estimates from the National Health Interview Survey, 1993. National Center for Health Statistics. Vital Health Stat 10(190).

Kochkin, S. (2001, December). MarkeTrak VI: The VA and direct mail sales spark growth in hearing aid market. The Hearing Review, 8(12): 16-24, 63-65.

Mohr, P.E., Feldman, J.J., Dunbar, J.L., et. al. (2000). The societal costs of severe to profound hearing loss in the United States. International Journal of Technology Assessment in Health Care, 16(4): 1120-1135.

National Institute on Deafness and Other Communication Disorders. (2003, March). Sudden deafness (NIH Pub. No. 00-4757). Bethesda, MD: Author.

Berrocal, J.R.G., & Ramirez-Camacho, R. (2002). Sudden sensorineural hearing loss: Supporting the immunologic theory. Annals of Otology, Rhinology, and Laryngology, 111, 989-995.

Byl, F.M. Jr. (1984). Sudden hearing loss: eight years' experience and suggested prognostic table. Laryngoscope, 94, 647-661.

Dalton, D.S., Cruickshanks, K.J., Wiley, T.L., et. al. (2001). Association of leisure-time noise exposure and hearing loss. Audiology, 40, 1-9.

National Institute on Deafness and Other Communication Disorders. (2002, September). Noise-induced hearing loss (NIH Pub. No. 97-4233). Bethesda, MD: Author